## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  SWISS VILLA NURSING AND REHABILITATION CENTER  PROVIDER SUMMARY STATEMENT OF DEPICIENCES 1923 WARMS TO YEVAY, IN 47043  [CA) ID PREPRY REQUARRY CALES DEPTICIENCES 1923 WARMS TO YEVAY, IN 47043  [F 000] INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on November 16, 2011.  Survey date: December 22, 2011  Facility number: 000494 Provider number: 158462 AIM number: 100291450  Survey team: Janie Faulkner, RN-TC  Census payor type: Medicare 8  Medicaid 52 Other 2 Total 62  Sample: 9  Swiss Villa Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483. Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.  Quality review 12/27/11 by Suzanne Williams, RN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER  SWISS VILLA NURSING AND REHABILITATION CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE 1923 W MAIN ST 1920 WAY, IN 47043    (24) ID PRETEX TAGS   SUMMARY STATEMENT OF DEFICIENCIES   PROVIDERS PLAN OF CORRECTION   PRETEX TAGS   PROVIDERS PLAN OF CORRECTION   PRETEX   PRETEX   PROVIDERS PLAN OF CORRECTION   PRETEX   PROVI			155462						
PREFIX TAG  (EACH CORFCIENCY MUST BE PRECEDED BY PULL REGULATORY OR ISC IDENTIFYING INFORMATION)  (F 000)  INITIAL COMMENTS  This visit was for a Post Survey Revisit (PSR) to the Recertification and State Licensure Survey completed on November 16, 2011.  Survey date: December 22, 2011  Facility number: 000494  Provider number: 155462  AIM number: 100291450  Survey team: Janie Faulkner, RN-TC  Census bed type: SNF/NF 62  Total 62  Census payor type: Medicare 8  Medicare 8  Medicard 52  Other 2  Total 62  Sample: 9  Swiss Villa Nursing and Rehabilitation Center was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.					STREET ADDRESS, CITY, STATE, ZIP CODE 1023 W MAIN ST				
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found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the PSR to the Recertification and State Licensure Survey.		This visit was for a P the Recertification an completed on Novem  Survey date: Decem  Facility number: 000- Provider number: 15  AIM number: 100291  Survey team: Janie  Census bed type: SNF/NF 62 Total 62  Census payor type: Medicare 8  Medicaid 52 Other 2 Total 62	ost Survey Revisit (PSR) to d State Licensure Survey ber 16, 2011. ber 22, 2011 494 5462	{F (	000}	DEFICIENCY)			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE (X6) DATE		found to be in complia Subpart B and 410 IA to the Recertification Quality review 12/27/	ance with 42 CFR Part 483, C 16.2 in regard to the PSR and State Licensure Survey. 11 by Suzanne Williams, RN					(X6) DATE	

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.